APPROVAL OF CONSENT AGENDA

TOWN OF DAVIE TOWN COUNCIL AGENDA REPORT

TO: Mayor and Councilmembers

FROM/PHONE: Herb Hyman/797-1016

PREPARED BY: Herb Hyman/797-1016

SUBJECT: Resolution

AFFECTED DISTRICT: All

ITEM REQUEST: Schedule for Council Meeting

TITLE OF AGENDA ITEM: SELECTION OF FIRM - A RESOLUTION OF THE TOWN OF DAVIE, FLORIDA, SELECTING THE TEAM OF METCALF & EDDY/AECOM TO PROVIDE DESIGN/BUILD SERVICES FOR WATER AND WASTEWATER SYSTEM EXPANSIONS AND AUTHORIZING THE TOWN ADMINISTRATOR OR HIS DESIGNEE TO NEGOTIATE AN AGREEMENT FOR SUCH SERVICES.

REPORT IN BRIEF: The Town solicited competitive sealed proposals for providing design/build services for the water and wastewater system expansions. RFP documents were sent to eighty-two (82) prospective proposers. Additionally, the bid was advertised state-wide in Florida Bid Reporting and nationally in BidNet and also posted on the Town's web site. The Town received three (3) responses. The selection committee short listed all three (3) teams and invited them to make an oral presentation. Upon hearing the oral presentation from the three (3) teams, the selection committee ranked the teams in order of preference. Therefore, the recommendation is for Metcalf & Eddy/Aecom as the top ranked team in accordance with the ranking totals attached hereto.

PREVIOUS ACTIONS: Not applicable.

CONCURRENCES: The team of Metcalf & Eddy/Aecom was chosen by the selection committee.

FISCAL IMPACT: Yes

Has request been budgeted? Yes

If yes, expected cost: To be negotiated with the highest ranked firmed.

Account Name: Utilities Department-Capital Outlay Account

Additional Comments: The negotiated contract will be submitted to the Town Council for approval at a future meeting date.

RECOMMENDATION(S): Motion to approve the resolution.

Attachment(s): Procurement Authorization, Selection Committee Rankings, Incorporation information

RESOLUTION NO.	
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A RESOLUTION OF THE TOWN OF DAVIE, FLORIDA, SELECTING THE TEAM OF METCALF & EDDY/AECOM TO PROVIDE DESIGN/BUILD SERVICES FOR WATER AND WASTEWATER SYSTEM EXPANSIONS AND AUTHORIZING THE TOWN ADMINISTRATOR OR HIS DESIGNEE TO NEGOTIATE AN AGREEMENT FOR SUCH SERVICES.

WHEREAS, the Town solicited proposals to provide design/build services for the water and wastewater system expansions; and

WHEREAS, the selection committee has selected Metcalf & Eddy/Aecom as the team best qualified to provide the required services; and

WHEREAS, it is in the Town's best interest to execute a contract for such services.

NOW, THEREFORE, BE IT RESOLVED BY THE TOWN COUNCIL OF THE TOWN OF DAVIE, FLORIDA:

SECTION 1. The Town Council of the Town of Davie does hereby accept the selection of Metcalf & Eddy/Aecom as the team best qualified to provide the required design/build services and authorizes the Town Administrator or his designee to negotiate an agreement for such services and present that contract for approval at a future meeting date. Should no agreement be reached with the highest ranking firm, then the Town Administrator or his designee shall negotiate with the next ranked firm and present that agreement for approval.

	SECTION 2.	This resolution s	shall take	effect im	nmediately	upon its	passage and	d
adoptio	on.							
PASSI 2008	ED AND ADO	OPTED THIS		DAY OF	F			_,

MAYOR/COUNCILMEM

BER Attest:			
TOWN CLERK			
APPROVED THIS	DAY OF	2008	

TOWN OF DAVIE PROCUREMENT AUTHORIZATION

ACCOUNT NUMBER	BUDGET ITEM & DESCRIPTION	APPROXIMATE COST
040-1058-536-6400	Design-build for new Water and Wastewater System Expansion	\$ 6,000,000 – Phase I \$91,950.000 – Phase II
METHOD OF PROCURE	MENT (check the one that applies)	
Open Competitive Bi Piggyback on Contra Sole Source or Singl X Request for Proposa	e Source	Okay to override. already approved
SPECIFICATIONS & LIS	T OF VENDORS MUST BE ATTACHED	VIG 2008 CIP
	Signed <u>(3)</u> Departr	nent Head
	Have Funds been F	deserved <u>P60.3729/</u>
	Date 7/23/of St	gned (MA)
	Signed	1 1/2/08
	BIDS SUBMITTE®	dministrator
VENI	V	COST
CH2M H	EDDY IU	RANKED 2ND
TETRA TECH		RANKED 3RD
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	Signed	Procurement Manager
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Vendor	OF ESTITION COMMITTEES RECO	Cost
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A B WATER & WA COMMITTEE MEMBER TETRA TECH W. ACKERMAN 3 R. MUNIZ 3 M. DIEZ 3 W.ALLEN 3 B. HITCHCOCK 3 B. HTCHCOCK 3 H. HYMAN 3 H. HYMAN 3 TOTAL 3 FANKING 3	TEE MEMBER TEE MEMBER OR OR AN G	20			17	16	15	14	13	12	11	10	9	∞	7	6	5	4	ω	2	
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(Rev. October 2007) Department of the Treasury

Request for Taxpayer Identification Number and Certification

Give form to the requester. Do not send to the IRS.

HITCHHIL	Kevelide 365 Aire								
	Name (as shown on your income tax return)								
e 2.	METCALF & EDDY, INC.								
pag	Business name, if different from above								
. 5									
pe	Check appropriate box: Individual/Sole proprietor	Exempt							
Limited liability company. Enter the tax classification (D=disregarded entity, C=corporation, P=partnership)									
ž č	Other (see instructions) ▶ °								
rin Ins	Address (number, street, and apt. or suite no.)	er's name and address (optional)							
<u>ت</u> ت	701 EDGEWATER DRIVE								
eci	City, state, and ZIP code								
Sp	WAKEFIELD, MA 01880								
See	List account number(s) here (optional)								
0)									
Part I Taxpayer Identification Number (TIN)									
	your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid	Social security number							
	up withholding. For individuals, this is your social security number (SSN). However, for a resident sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is								
	arien, sole proprieted, or unsegurated entity, see the Fart institutions in page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see How to get a TIN on page 3. Or								
Note	. If the account is in more than one name, see the chart on page 4 for guidelines on whose	Employer identification number							
	number to enter. 04 - 2428218								
Pai	t II Certification								
Unde	r penalties of perjury, I certify that:								
1. T	he number shown on this form is my correct taxpayer identification number (or I am waiting for a nur	nber to be issued to me), and							
F	am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I ha tevenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all inte otified me that I am no longer subject to backup withholding, and								
3. 1	am a U.S. citizen or other U.S. person (defined below).								
withh For r arrar	fication instructions. You must cross out item 2-above if you have been notified by the IRS that yo olding because you have failed to report all-interest and dividends on your tax return. For real estate nortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contribugement (IRA), and generally, payments of the than interest and dividends, you are not required to sig de your correct TIN. See the instructions on page 4.	transactions, item 2 does not apply. tions to an individual retirement							

Signature of U.S. person ▶ **General Instructions**

Section references are to the Internal Revenue Code unless otherwise noted.

Purpose of Form

Sign

Here

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

- 1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- 2. Certify that you are not subject to backup withholding, or
- 3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

An individual who is a U.S. citizen or U.S. resident alien.

ODate ► AUGUST 25,

- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United
- · An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

• The U.S. owner of a disregarded entity and not the entity,

Vendor/Bidder Disclosure

	full legal name and business address of the person on of Davie ("Town") are as follows (Post Office a	
	Name of Individual, Firm, or Organization:	Metcalf & Eddy/AECOM
	Address:	13450 West Sunrise Blvd. Suite 200
		Sunrise, FL 33323
	FEIN	04-2428218
	State and date of incorporation	Delaware 1971
	OWNERSHIP DISCLOSURE AFFIDAVIT	
	business address shall be provided for each offi who directly or indirectly holds five percent (5° the contract or business transaction is with a tra- provided for each trustee and each beneficiary, follows (Post Office addresses are not acceptate	%) or more of the corporation's stock. ust, the full name and address shall be All such names and address are as
	Tollows (1 ost office addresses are not acceptant	oie).
e de la companya de l	Full Legal Name Addre	
	Full Legal Name Addre	es of any other individual (other than ers, and lenders) who have, or will hathe contract or business transaction wi
	Full Legal Name Addres N/A 2. The full legal names and business address subcontractors, materialmen, suppliers, labor any legal, equitable, or beneficial interest in t	es of any other individual (other than ters, and lenders) who have, or will hat the contract or business transaction where not acceptable):
	Full Legal Name Addres N/A 2. The full legal names and business address subcontractors, materialmen, suppliers, labor any legal, equitable, or beneficial interest in town are as follows (Post Office addresses as	es of any other individual (other than ters, and lenders) who have, or will hat the contract or business transaction where not acceptable):
	Full Legal Name Addres N/A 2. The full legal names and business address subcontractors, materialmen, suppliers, labor any legal, equitable, or beneficial interest in to Town are as follows (Post Office addresses a Full Legal Name Add	es of any other individual (other than ters, and lenders) who have, or will hat the contract or business transaction where not acceptable):
	Full Legal Name Addres N/A 2. The full legal names and business address subcontractors, materialmen, suppliers, labor any legal, equitable, or beneficial interest in to Town are as follows (Post Office addresses a Full Legal Name Add	es of any other individual (other than ters, and lenders) who have, or will hat the contract or business transaction where not acceptable):

By:	Date: 08/25/08
Signature of Afficient	
Mark S. Blanchard	
Print Name	
SUBSCRIBED AND SWORN TO or affirm	ned before me this 25th day of
	Blanchard , he/she is
personally known to me or has presented	
identification.	
	Diane Centimole
	Notary Public, State of Florida at Large
	DIANE CENTIMOLE
	Print or Stamp of Notary Diane Centimole
	Commission #DD39804 Expires: Apr 02, 200
	Serial Number Bonded Thru Atlantic Bonding Co., Inc.
	My Commission Expires: Aproa, 2009